Migration Health: Better Health for All in Europe

International Organization for Migration (IOM)

Final Report

“Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities” Project
Co-funded by the European Commission DG Health and Consumers’ Health Programme, the Office of the Portuguese High Commissioner for Health and IOM

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Introduction

While migration itself is under normal circumstances not a risk for health, conditions surrounding the migration process, particularly the inequalities in access to health services and in social determinants of health, can increase vulnerability for ill health. Moreover, migrants are at risk of not receiving the same level of health care in the diagnosis, treatment and preventive services that the average population receives in host communities. Health care services are also not responsive enough to the specific needs of these groups.

Well-managed migration health (including public health) promotes the well-being of all, addressing the needs of individual migrants and the public health needs of host communities. Narrowing the health gap and making good health a reality for everyone is essential if we are to create a Europe of social justice as well as prosperity. Sharing knowledge about tackling health inequalities can help close the health gap among populations living in the EU.

In this context, the International Organization for Migration (IOM) has implemented an initiative with the support of the European Commission’s Health Programme and the Office of the Portuguese High Commissioner for Health which contributes to recent efforts aimed at tackling health inequalities in the area of migration health in Europe by establishing a partnership and multi-disciplinary cooperation among government representatives, the European institutions, universities and public health schools, civil society/non-governmental organisations and international agencies.

The Assisting Migrant and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities project has been an excellent opportunity to pursue a European agenda in the field of migrant health notably through the EU-Level Consultation on Migration Health – “Better Health for All”. The EU-Level Consultation was the culmination of the AMAC project and took place in Lisbon on 24th - 25th September 2009 under the auspices of the Portuguese Ministry of Health and the Office of the Portuguese High Commissioner for Health.

In particular, the AMAC project took stock of good practices, recommendations and conclusions resulting from key events taking place in 2007: the Portuguese EU Presidency Conference on Health and Migration (27-28 September 2007), the EU National AIDS Coordinators Meeting “Translating principles into action” in the WHO European Region and EU Neighbouring Countries (12-13 October 2007), the 8th Conference of the Ministers of Health of the Council of Europe (21-23 November 2007) adopting the Bratislava Declaration on Migration, Health and Human Rights, and the Poverty and Health Technical Consultation of the WHO Regional Committee for Europe (29 November - 1 December 2007). Subsequently, the project also took note and promoted the two WHO Resolutions on the Health of Migrants (61.17, May 2008) and on Reducing Health Inequities through action on the social determinants of health (62.14, May 2009), as well as the EC Communication on Reducing health inequalities in the EU (October 2009).

In preparation for the EU-Level Consultation, within the framework of the AMAC project, IOM fostered cooperation and dialogue among multi-disciplinary and multi-stakeholder actors in a series of thematic workshops over twenty-two months (February 2008 – November 2009). Beyond the Portuguese government, IOM has partnered in this initiative with the Spanish and the Maltese governments, leading European universities and the managing institutions of other EU-wide migrant health projects, apart from collaborating with various dozens of other relevant organisations in the field. By this means, it established a network to support the development of background papers on priority issues on migrant health.

This report presents the context in which the AMAC project was conceptualized and what it achieved in terms of networks, activities and discussion papers. It also offers a summary compilation of the conclusions and recommendations the AMAC partnership brought forward during the workshops, which were enhanced and endorsed at the EU-level Consultation. These recommendations inform and promote evidence-based policies and good practices which in turn contribute to improved health and health care for all in the EU.
The AMAC Project Concept

The Assisting Migrants and Communities (AMAC) project provided a platform for dialogue among the main experts and stakeholders in the migration health field and fostered engagement from policymakers at all levels to tackle public health problems and health inequalities linked to migration in the EU. To achieve this, the AMAC project identified and studied the key issues affecting the health of migrants in the EU related to the health inequalities this group often faces in comparison to host populations.

The AMAC project, funded under the EC Health Programme’s strand of actions addressing the wider social determinants of health, also facilitated dialogue, aiming at expanding it to include stakeholders in the social, education, interior and justice fields beyond health, and promoted multi-stakeholder engagement on health inequalities and health issues faced by migrants and communities affected by migration through three specialist workshops and an EU-Level Consultation.

The project’s ultimate goal was to promote the understanding and dialogue on the links between health and population mobility and provide EU governments and the European Commission with background information and guidance to address concerns on migrant health and existing inequalities in access to, as well as in the quality and appropriateness of, health services. Indirectly, the project also contributed to explore how to positively influence the social determinants of migrants’ health. The guiding principle of the project was to improve the health of all, migrants and host communities.

Below is a selection of the project outcomes and achievements.

Project Outcomes

1) Policy report reviewing the environment following the high-level migration-health related conferences and consultations of 2007 and early 2008;

2) Background papers on migration health priority areas;

3) Three workshops to create multi-disciplinary stakeholders’ fora where the background papers were reviewed, good practices and areas for further research identified, and policy recommendations formulated;

4) Final EU-Level Consultation engaging Member States and other relevant stakeholders, presenting the background papers and the workshop results, and developing recommendations for integration into national and EU-level migration health-related strategies;

5) Website dedicated to the project and to the results of the final EU-Level Consultation.

Achievements

1) Follow-up of recent European initiatives and policy developments in migration health by promoting dialogue and engagement by policy makers and stakeholders at all levels to fight health inequalities in Europe;

2) Creation of a multiple stakeholders forum for discussion on health and migration, bringing together academics and representatives of national governments, European institutions, international organisations and NGOs, and enabling them to exchange their expertise and identify areas where policy development and/or research is needed;

3) Recommendations from the project papers and EU-Level Consultation directed to EU Member States and European institutions for integration into health and related strategies at the national and EU levels.

The project was initiated with a partners’ expert meeting which reviewed the IOM report on the policy environment following the migration health-related conferences and consultations of 2007 and early 2008 as well as a draft matrix on ongoing European-level projects on migration health. Based on this review, priority areas were identified for development in the project background papers, prepared by partner and collaborating organisations and later discussed at the multi-disciplinary stakeholder fora of thematic workshops. Finally, the EU-Level Consultation on Migration Health offered a platform for the definition of recommendations for national governments and stakeholders and EU institutions on migrant health policy and practice.
Policy Background: Migration and Health in the EU

Migrants’ health and its implications for migrants’ integration, public health and health services in the EU Member States have recently grown in relevance as a topic as EU societies have increasingly larger shares of foreign born population. Governments at all levels, European institutions, policy forums and communities at large are lately devoting attention to this issue, within the framework of addressing health inequalities as well as recognising the need for and value of migrants for healthy economies and societies.

Migration health is seen by many as an important and long-overdue theme also in the EU agenda. A matter of special concern is the widening health gap between migrants and host populations in the EU. EU Member States are paying increasing attention to address this gap, which was exemplified during the Portuguese EU Presidency of 2007 and currently the Spanish EU Presidency of 2010.

The years 2007, 2008 and 2009 have seen remarkable progress in the field, with important policy developments and high-level conferences and consultations on health inequalities and migrant health. Notably, in 2007, the following events promoted migrant health issues: the Portuguese EU Presidency Conference on Health and Migration (27-28 September 2007), the 8th Conference of the Ministers of Health of the Council of Europe (21-23 November 2007) adopting the Bratislava Declaration on Migration, Health and Human Rights, and the Poverty and Health Technical Consultation of the WHO Regional Committee for Europe (29 November – 1 December 2007). In 2008 and 2009, the migrant health agenda was boosted in association with the health inequalities policy agenda, by instance through the two WHO Resolutions on Migrant Health (May 2008) and on Reducing Health Inequities (May 2009); and the EC Communication on Reducing health inequalities in the EU (October 2009).

These high-ranking events and developments illustrate the growing relevance of the theme for EU Member States as well as at the wider European and global levels. Migrants, and the inequalities they face, remain nonetheless underrepresented in health policy texts and strategies. The conclusions of the above mentioned meetings and relevant texts have all called for increased and coordinated efforts to improve migrants’ and by extension societies’ health as a whole.

EU Policies in Migration Health and Related Fields

Few EU legal references exist in the field of health since health is a recent and limited EU competency. The Treaty establishing the European Community (Art. 152) states that a high level of human health protection shall be ensured by the Community, with the proviso that Community action in the field of public health fully acknowledges, in accordance with the principle of subsidiarity, the responsibilities of Member States for the organisation and delivery of health services and medical care and can thus only complement national policies. EU action is for example called in relation to cross border health threats, patient mobility and reducing health inequalities.

The Charter of Fundamental Rights of the European Union, proclaimed in the Nice European Council of December 2000, states that “everyone has the right of access to preventive health care and the right to benefit from medical treatment under conditions established by national laws and practices”. The Council Conclusions on “Common Values and Principles Underpinning EU Health Systems” of June 2006 recognise the values of universality, access to good quality care, equity and solidarity, as an essential part of Europe’s high levels of social protection and a major contribution to social cohesion.

The Council Conclusions on “Health in All Policies” of November 2006, under the Finnish EU Presidency, stress the fact that the impact of health determinants is unequally distributed among population groups, which results in health inequalities. These conclusions also recognise that policies can have a positive or negative impact on health determinants, which impact in turn in the population’s health status.

Additionally, there are a number of EU policy instruments which have addressed the issue and which can be the basis for implementation of recent expert recommendations, especially but not exclusively in the field of health.

Health Policies: Background

The European Commission (DG Sanco) adopted a new Health Strategy in October 2007, “Together for Health: A Strategic Approach for the EU 2008–2013” (White Paper). The Health Strategy has been developed from the Communication on Health Strategy at EU Level adopted in May 2000 and a reflection process on “enabling good health for all” launched in 2004 by the Commission. The Strategy aims to set the objectives which will guide future work on health at the European level and presents ways for their effective development and implementation in national health policies. The new Strategy aims to provide an overarching strategic framework covering core issues in health as well as ‘health in all policies’ and global health issues. There is specific reference to migrants in the section on EU’s ageing population recog-
Background Paper
Assisting Migrants and Communities (AMAC) Project

nising the value that migrants can bring to European societies, but
the Strategy could benefit from addressing migrant health issues in a
more comprehensive framework.

The strategy offers overall guidance for the implementation of the
second Programme of Community Action in the Field of Health cov-
ering the period 2008-2013. The Health Programme is intended to
complement and support the policies of Member States protecting
and promoting human health and public health. The new Programme
objectives are: to improve citizens’ health security; to improve health
information and knowledge; to promote health, including the reduc-
tion of health inequalities (including addressing social health de-
terminants). The Programme is implemented via annual work plans
which set out priority areas for the year.

Various areas of the second Programme of Community Action in the
Field of Health call for actions specific to fighting inequalities and ad-
dressing the needs of vulnerable groups such as migrants, the dis-
able, children and youth, and can directly relate to migrants’ health.
Within the objectives of reduction of health inequalities action is ex-
pressly pursued on socio-economic determinants of health. One of
the specific objectives is “to ensure that the health needs of the most
disadvantaged are fully addressed”.

Additionally, the organisation of the Portuguese EU Presidency Con-
fERENCE on Migration Health (Lisbon, September 2007) and previous
preparatory works also brought about a proposal to create, with the
support of the Commission, a European network comprising national
experts on migration health from all EU Member States, which would
share information, promote advances in the migration and health
agenda and make proposals for their implementation. In this context,
the EU Advisory Group on Migration and Health was created on an
ad hoc basis in early 2007 to support the Portuguese EU Presidency
(July – December 2007) theme of health and migration and met on
three occasions until February 2008. WHO, the Council of Europe, the
European Centre for Disease Prevention and Control (ECDC) and IOM
were also members of the Advisory Group. Subsequently, the Expert
Group on Social Determinants and Health Inequalities was formed
which also considers migrant health issues from the health inequali-
ties perspective.

Another forum where the health of migrants receives attention is the
EU HIV/AIDS Think Tank, meeting since 2004 to exchange informa-
tion between the Commission, the Member States, Candidate and
EEA countries, relevant international and regional governmental and
non-governmental organisations are also invited to the meetings.

Beyond the European Commission, other EU institutions and vari-
ous EU Presidencies have devoted attention to migration health and
health inequalities. In October 2005, the UK EU Presidency organ-
ised the summit “Tackling Health Inequalities: Governing for health”
in London. “Europe for health and wealth: Impact assessments in
improving population health and contributing to the objectives of
the Lisbon Strategy” was the title for a project and priority theme of
the 2006 Finnish EU Presidency. The project focused on influenc-
ing determinants of health and engaging other sectors in improving
health and reducing health inequalities. Furthermore, the Conference
“Health and Migration in the EU: better health for all in an inclusive
society” was organised in Lisbon in September 2007 under the Portu-
guese EU Presidency. The French EU Presidency also hosted an event
on integration including consideration to migrants in 2008.

In 2007, the European Economic and Social Committee (EESC) pub-
lished an exploratory opinion which reckon the need to better assess
the potential impact on both health and non-health policies on the
health of migrants. More importantly, Council conclusions were ad-
opted during the EPSCO Council of December 2007 calling for the in-
clusion, in the implementation of the new Health Strategy, of aspects
of migrant health “aimed at improving knowledge of migrant health
and developing health promotion, prevention and migrants’ access to
care”. The Conclusions also called for the 7th Framework Programme
of the Community for Research and Technological Development to
support research interventions to improve evidence-based policies
regarding migrants’ health. The December Council conclusions also
approved of “support for health- and migration-led projects and ini-
tiatives from Structural Funds in the framework of the Cohesion
Policy” as well as from funds of the General Programme “Solidarity
and Management of Migration Flows”. Finally, the December Council
conclusions invited Member States to integrate migrant health issues
into national policies with special focus on development, employ-
ment and social policies.

Other EU background policies

The health gap between and among populations currently residing in
the EU is widening and the EU also needs to bolster efforts to address
it, notably by a multi-disciplinary approach; the influence of other
policy fields on health is made evident by the now well-known social
and other determinants of health. The impact on health and health
systems of policies and actions in other areas and possible synergies
therefore needs to be considered at EU level. This involves various pol-
cy areas including employment and social policy (Lisbon process),
justice, freedom and security (integration policies), regional policy
supporting health services and infrastructures in particular EU re-
gions, and research in order to identify the causes for socio-economic
health inequalities and develop counter-acting measures.

The Common Basic Principles for Immigrant Integration Policy in the
EU was adopted by the JHA Council of November 2004. The Prin-
ciples stress the importance of a holistic approach to integration. They
The conference “Health and Migration in the EU: better health for all in an inclusive society” was organised on 27–28 September 2007 in Lisbon under the auspices of the Portuguese EU Presidency with the support of the European Commission and the collaboration of Member States. The event benefited as well as from contributions by international players such as WHO, Council of Europe, IOM and other relevant actors, including experts, and policy-makers and representatives from European and national institutions.

Conference conclusions comprised reflections on key migration health concerns and recommendations at various levels. In addition to the technical report on migration trends and epidemiological impact of mobility on the EU population, which was prepared prior to the event, an elaborated report on good practices was published after the Conference, and recently a detailed report on ‘Health and Migration in the EU: Better health for all in an inclusive society’ has been released. The conference conclusions were subsequently summarized in a text on health and migration presented by the Portuguese Presidency for discussion at the EPSCO Council in December 2007, which was finally included as an annex to the Council Conclusions.

In June 2008, the WHO EURO Ministerial Conference on Health Systems in Tallinn was held resulting in the Tallinn Charter on Health Systems in the WHO EURO region, to which WHO Member States as well as international organisations including IOM committed. Principles of relevance to migrant health include recognition of the right to health, the need to address health inequalities faced by vulnerable groups and the concept of “health in all policies”.

In September 2009, the EU-level Consultation on Migration Health — “Better Health for All” in the framework of the AMAC project, supported by the Portuguese Government and marking the 2nd anniversary of the 2007 Lisbon Conference under the same title, further promoted the goal of adequately addressing migrant health priority issues in Europe and fighting health inequalities.

The Ministers of Health of the forty-seven Member States of the Council of Europe gathered at the 8th European Conference of Health Ministers on 22–23 November 2007 in Bratislava. The conference, entitled “People on the Move: Human Rights and Challenges for Health Care Systems”, resulted in the adoption of the Bratislava Declaration on Health, Human Rights and Migration. Further to this, the Council of Europe was to strengthen the health dimension in its future activity programmes, notably by establishing a committee of experts on health and migration. The Council of Europe also entrusted its European health Committee (CDSP) to develop a work programme on the health challenges of “vulnerable groups including migrants, refugees, asylum seekers, and Roma and Travellers”. Subsequently, in September 2008, the Committee on Mobility, Migration and Access to Health Care was established to draft recommendations for Member State.
actions in the field. The mandate of the Committee, of which international organisations are also observers, ends in June 2010 by when non-binding but goal-setting recommendations on improving access and health care for people on the move in Europe will be approved.

The World Health Organization (WHO) hosted a Technical Consultation on Poverty and Health from 29 November to 1 December 2007 in Venice.17 Twenty-five case studies were prepared for the event following a call issued by WHO to member states for case studies on policy interventions to improve the health system performance targeting socioeconomically disadvantaged groups (including migrants and Roma). The consultation, attended by representatives from all the states of the WHO European Region, provided a platform for joint reflection on practices at national, regional and local levels and the implications for health systems. The Technical Consultation followed the EU National AIDS Coordinators Meeting “Translating principles into action” in the WHO European Region and EU Neighbouring Countries (12-13 October 2007) and was subsequently followed by the WHO Executive Board Resolution issued on 25 January 2008 on the health of migrants,18 which led to the WHO Resolution on the Health of Migrants (WHA 61.17, May 2008).

On a related chapter, the WHO Commission on Social Determinants of Health, set up by WHO in 2005, issued the “Closing the gap in a generation” report (August 2008), which then contributed to the WHO Resolution on Reducing Health Inequalities through action on the social determinants of health (WHA 62.14, May 2009). The 62nd WHA was the third in a series of WHAs devoting attention to the health of migrant workers. The Resolution WHA 61.17 mandated a review of progress in two years time. On this occasion, WHO is co-convening with IOM a global consultation (scheduled 3-5 March 2010) gathering countries of the five continents as well as concerned UN agencies to take stock of the last two years’ achievements and gaps, and to set guidelines for future action and leadership. The Consultation will further promote the health inequities and global health agendas and will be held under the auspices of the Spanish government, which holds the EU Presidency from January 2010 to June 2010. The Spanish EU Presidency health programme has health inequalities as one of its priorities, including specific attention to migrant groups. Moreover, 2010 is the European Year for Combating Poverty and Social Exclusion and further initiatives are expected in this related field.

On yet more recent developments, the European Commission has put forward two policy texts with relevance for migrant health in 2009. The Strategy and Second Action Plan (2010-2014) on combating HIV/AIDS in the EU and its Neighbourhood (launched October 2009) identified migrants as a vulnerable group / group at risk. As part of the work of the Expert Group on Social Determinants and Health Inequalities, the Communication on Reducing Health Inequalities in the EU19 (October 2009) included reference to health inequalities experienced by migrants. For both texts, IOM recommended further focus on a rights-based approach, improved research and disaggregated data collection in Europe, capacity-building of health systems, a multi-stakeholder approach and involvement of migrants in policy and programming, as well as removal of HIV-related restrictions on entry, travel and stay.

Additionally, in 2009, the European Centre for Disease Prevention and Control (ECDC), commissioned by the European Commission after the 2007 Portuguese EU Presidency, also published a migrant health series of three technical reports including on infectious diseases, following technical review panels taking place in 2008 and in line with the ECDC Framework Action Plan to Fight Tuberculosis in the European Union also of 2008. This Framework Action Plan called for the development of mechanisms for sharing data on tuberculosis in asylum seekers and detained migrants and of strategies and tools for multicultural communication and effective health promotion about tuberculosis. In 30 June – 1 July 2009, the joint EC, ECDC, WHO EURO meeting on tuberculosis reinforced inter-institutional cooperation in this field.
Priority Setting: Background Papers

Sharing and fostering knowledge on migrants’ health and health determinants can help address the health gap within EU Member States between migrant populations and host communities. EU governments and the European Commission are requesting expert guidance on how to best address existing inequalities in access to, as well as in the quality and appropriateness of, health services and on how to positively influence the social determinants of health affecting migrants.

To assess key priorities in the field, the Assisting Migrants and Communities (AMAC) project carried out, in an introductory paper and a partners meeting in May 2008, a review of the migration health-related conferences and policy developments of 2007 and early 2008. Based on this review, the project priority areas and topics were chosen for the background papers and three specialised workshops. The priority-setting exercise allowed the project team to stress areas where urgent attention is needed and to highlight existing good practices in particular Member States, taking account of well-established and widely accepted facts about migration and health in Europe and the identified recommendations and gaps emerging from the project policy report as follows.

Migration Health Dimension

1) Migration into the EU is accepted by policy-makers and concerned practitioners alike as a phenomenon, as necessary (both for demographic and economic growth), as unavoidable. In recent debates, migration is frequently evoked as an element of a win-win scenario in the context of the EU Lisbon Agenda and other economic growth efforts. Migration into the EU thus implies new challenges and new opportunities.

Health is one of the major challenges of this new situation Member States face and at the same time an essential element for the realisation of the opportunities and growth that migration could bring about. As a result, the responses that European health systems can offer to guarantee migrants the same level of protection than that enjoyed by the national populations are the object of much reflection and discussion.

In this context, protection of migrants’ health and their access to quality health care are recognised as a) a human right and a basic entitlement according to EU values; b) essential to migrants’ integration and critical to reduce poverty and enhance their contribution to the development of both countries of destination and origin (inclusion and poverty are in turn two key social determinants of health); and c) essential for good public health and the well-being of all.

2) Migrants experience increased health risks comparable to those of most disadvantaged groups in society. This is connected to social and environmental determinants of health including among other poor public health conditions (poor housing and working conditions) experienced back home, during transit, or in the host societies; reduced health education, poor social integration and often discrimination. Vulnerability of migrants can also be increased as a result of a ‘health adjustment’ to the new surrounding environment, and especially due to hard working conditions in the type of jobs that are often delegated to migrants, often not enjoying social security or legal protection.

Moreover, migrants are susceptible of not receiving the same level of health care in prevention, diagnosis and treatment that the average population receives in host communities. Lack of access is often linked to migrants’ legal status, but also to inadequate information and insufficient strategies to address the cultural, linguistic and socio-economic divide, as well as the frequently unprepared health services and personnel.

3) Current health care systems are not appropriate or not responsive enough to the (increased and) specific needs of migrant groups. Evidence indicates that there is a need for better policies and practices in health promotion, disease prevention and access to health services among migrants. On the other hand, migrants are far from being a uniform group (diverse backgrounds and cultural practices and beliefs) and these differences must be acknowledged through availability of culturally- and gender- sensitive services.

4) Social and environmental factors of ill health cannot be addressed by the health sector alone. Therefore, synergies with other policy sectors must be sought, including interior (entry and migration policies), labour (working conditions), social affairs (integration/inclusion) and last but not least, development to promote health and strengthen health services at the countries of origin.

All in all, European countries face a three-fold situation of constant in-flows of migration, higher vulnerability of migrants to ill health (partly due to social determinants which cannot be addressed by health policies alone), and health services and practices in EU member states that are, on the one hand, largely inaccessible to
migrant populations and, on the other, often ill-suited to migrants’ needs.

Main Areas for Action

Most of the conclusions, recommendations and best practices presented at high-level events on migration and health point at four main areas where there is margin for improvement and which should contribute to redress the described situation.

1. Research and data collection: there is a shortfall on available information on migration health and gaps in knowledge; more qualitative, quantitative and comparable data needs to be collected and analysed for greater knowledge and understanding on migrant health in the EU. Surveillance and research needs to be conducted in particular health areas, a strategy to be reinforced by the EU research agenda (EC DG RTD).

   Areas for research:
   a) Environmental and social determinants of health, focusing specifically on mobile populations; migration is in itself considered a determinant of the health of migrants;
   b) Indicators of good migration health policies and practices; and effectiveness of migrant health interventions;
   c) Indicators and tools for migration impact assessment (this will enable adequately anticipating demand for health services and the implications for other services and adjust to needs accordingly);
   d) Health issues for migrants: both communicable and non-communicable conditions such as cardiovascular diseases, diabetes etc.

The European Centre for Disease Prevention and Control (ECDC) prepared in 2009, at the request of the European Commission and the European Council (December 2007 conclusions), a report on EU migration and infectious diseases. This follows the recognition by the Portuguese EU presidency work and Lisbon conference that fighting TB, HIV and other infectious diseases is a priority. The report shall serve as basis for policy guidelines at European and member state level.

Only better data and understanding on the EU health situation in relation to migration can lead to more appropriate evidence-based policies.

2. Access to health information and services: Member States must make efforts to secure access to health care and information for all migrants irrespective of their legal status as a basic human right. Ensuring appropriate access does not only imply dealing with entitlement issues but overcoming barriers to access caused by the linguistic, cultural and often socioeconomic divide, misinformation (lack of awareness and lack of understanding) on available services, and discrimination and stigmatisation. These barriers affect as well health services providers striving to offer adequate health care to these populations.

Equitable access to health services irrespective of the legal status has been recognised as a goal in all international migration health meetings. Additionally, texts such as the Bratislava Conference conclusions advocate that health shall never be ground for exceptions to the principles of international migration law e.g. ill health should not in principle deny access to migration possibilities.

Access to health information and health education for migrants including disease prevention, nutrition and work safety, has also been recognised as paramount for migrants’ self-empowerment and wellbeing.

3. Action on socioeconomic determinants of health by enhancement of synergies and realisation of interdependencies among sectors: Socioeconomic determinants of health include among other poverty, limited educational opportunities, unsafe working environment and social exclusion. These factors can only be addressed by a comprehensive strategy covering various policy fields and their mutual cross-fertilization.

The health dimension itself is key to many fields, including development cooperation (e.g. in the frameworks of EUROMED, EU-Africa cooperation and EU neighbouring policy), EU and Member States’ migration frameworks, employment and social policies, equal opportunities and research. This interrelation brought about the “Health in all Policies” approach advocated by the European Council and various EU Presidencies including the Portuguese as well as the Council of Europe in its Bratislava Conference. The same is also relevant for migration. Migration and migrants’ issues should be mainstreamed into all fields of policy.

Similarly, comprehensive multi-sectoral partnerships are needed beyond the traditional target audience of professionals and
policy-makers in the area of health (e.g. social and NGO workers, officials in the social affairs, justice, interior and development departments). Multi-stakeholder involvement will also be a key element to the successful implementation of new policies and strategies in the area.29

4. Quality health care, tailored for migrants and migrants’ subgroups e.g. children, the mentally ill. A gender perspective should also be integrated. On the whole, the diversity of communities including the foreign-born must be taken into account when designing illness prevention and health protection policies.30

Special attention should be paid to:

a) Health of migrant women (including sexual and reproductive health, family planning and education; vaccination and immunisation; and prevention of other phenomena affecting woman health as gender and sexual violence, trafficking/exploitation as well as practices such as female genital mutilation);

b) Health of children and adolescents, which are recognised to be in need of special protection by all international texts dealing with health;

c) Migrants’ mental health.31 Due to particular circumstances of migration and settlement, often accompanied by traumatic experiences of loss, separation, drastic change in life and life planning, as well as difficulties in host health care systems in recognizing culturally sensitive aspects, migrants’ mental health might be overlooked or inadequately addressed. Appropriate health care includes counselling and psychotherapeutic assistance as well as rehabilitation for victims of torture or trauma, sexual violence and trafficking/exploitation.32

Point 4 highlights the quality and appropriateness of healthcare, an area which has also received unanimous attention in international events and discussions.33 There is also a particular need for capacity building strategies and specific training for the health and non health professionals working in the healthcare sector in relation to cultural competence, migration and diversity.

The above general guidelines on areas to improve are addressed to all those concerned with the policy-making and practice of health and related services in the EU at all levels, local, regional, European and international.

The AMAC Background Papers

Based on the above analysis, the following themes, linked to the main areas identified, were selected as topics for the project background papers:34

Research and data collection
- Research initiatives on migrant health in the last decades in Europe: topics, types of research and actors;
- Migration as a determinant of the health of migrants;

Access to healthcare and health information
- The right to health of migrating populations in the EU;
- Healthcare for undocumented migrants;
- Children’s rights in hospital settings;

Quality health care, tailored for migrants
- Capacity building for health professionals in Europe;
- Mental health practice for culturally diverse populations;
- Maternal and child healthcare for migrant populations in the EU;
- Health and health behaviours in young adolescents.

Additionally, another paper looked at the necessary alliances of actors and health agendas to achieve policy change, as it happened in the US, which is presented as a case study.

An original proposal on communicable diseases was discarded in view of the fact that the ECDC had been commissioned by the EC to prepare a report on this issue for 2009.

The project background papers depict the situation of the studied issue across (a number of) the EU member states, review relevant EU policies, and offer insight on which practices are more, and less, favourable to migrants’ health, as well as recommendations for policy and practice in Europe. The papers were then elaborated and reviewed in the project thematic multi-stakeholder workshops, which each dealt with inter-related priorities highlighted by two to four papers. The background papers were available for consultation and contributions during an online public consultation, in view of being later on presented at the EU-level Consultation on Migration Health. The papers fed into the Consultation’s resulting conclusions and recommendations for national and EU-level health strategies as well as related strategies in social inclusion and integration, education and other fields. The background papers were finally published in the series of publications devoted to migrant health of the AMAC project, which is completed by this report. Additionally, user-friendly policy briefs were produced on each of the papers as well as on this report to facilitate dissemination and communication of key messages to policy-makers and stakeholders in the field. The AMAC project papers and briefs provide evidence of the importance of acting to further policy and research in the area of migrant health in Europe.
The AMAC Partnership

A wide variety of partners and collaborating institutions have been engaged in the AMAC project to review the current state of affairs in migration health and exchange their expertise and best practices: active academics and practitioners in the field of migration health, European institutions, notably the European Commission and its Expert Group on Social Determinants and Health Inequalities, the European Centre for Disease Prevention and Control (ECDC), the Council of Europe, WHO and specifically its departments working on the social determinants of health and vulnerable populations such as migrants, as well as relevant NGOs and civil society groups.

This large group of stakeholders has been regularly invited to the project events and consulted for the background papers. Since the identified partners and invitees to the project events belonged to different networks of excellence, these networks represented access to a wider variety of experts and views. On the other hand, key invitees and collaborators also included experts currently implementing European-level migration health projects to promote synergies between these projects and their findings, and avoid duplication of work.

Additionally, the project brought together officials from Ministries of Health, Social Affairs, Education and Interior to look together at migrant health issues and health inequalities linked to migration. A number of European governments supported the project and participated in its activities. Given the links of migration health with these fields, multi-stakeholder involvement is essential to support a practical follow-up of project recommendations in policy and practice, beyond the already engaged health interlocutors.

Collaboration with Partners

The overall project coordination was done by the Brussels office of the International Organization for Migration (IOM Brussels) with the support of the expertise of the Migration Health Department and other departments at IOM Headquarters in Geneva. The IOM project team has coordinated and monitored the technical work, while ensuring continuous communication with the collaborating partners and experts. Thus, the identification of priority areas, the definition of the content and methodology for the elaboration of the background papers, as well as the identification of participants to be involved in the workshops and at the final EU-Level Consultation has been undertaken cooperatively.

Direct collaborating partners for this proposal were also selected to maximise potential for synergies. Namely, institutions that have partnered with IOM in the AMAC initiative are listed below:

- Key departments from EU Member States’ administration:
  - Office of the High Commissioner for Health and Ministry of Health, Portugal;
  - Ministry for Social Policy, Malta;
  - Ministry of Health and Social Policy, Spain;

- Leading universities in migration health and academic institutions such as public health schools:
  - European Research Centre on Migration and Ethnic Relations (ERCOMER), University of Utrecht, Netherlands;
  - Centre for Health and Migration, Danube University Krems, Austria;
  - Faculty of Medical Sciences of the New University of Lisbon (FMSNUL), Portugal;
  - Andalusian School of Public Health (EASP, Escuela Andaluza de Salud Pública), Granada, Spain;
  - Meyer University Children’s Hospital, Florence, Italy, WHO Collaborating Centre for Health Promotion, Capacity Building in Child and Adolescent Health c/o Health Promotion Programme;
  - National University of Ireland, Galway), WHO Health Behaviour in School-Aged Children (HBSC) Network;

- Civil Society / Non-Governmental Organisations specialising in healthcare and societal issues:
  - Centre Françoise Minkowska, Paris, France;
  - Centre for Science, Society and Citizenship (CSSC), Rome, Italy;

- Other International Organisations:
  - World Health Organization.
Synergies with EC Funded Migration Health Projects

The European Commission (DG Health and Consumers – SANCO) has paid explicit attention over the last years to issues of health in relation to migration. In particular, various areas of the two programmes of Community action in the field of health (first 2003–2008; second 2008–2013) can directly relate to addressing the health of migrants and call for actions specific to fighting inequalities and addressing the needs of vulnerable people. In line with these framework programmes, DG SANCO publishes a work plan every year and co-funds selected actions implemented by European partnerships of organisations and universities active in the field of health.

At the 3rd meeting (Luxembourg, February 2008) of the EU Advisory Group on Migration and Health, created in early 2007, including members such as WHO, Council of Europe, IOM and the European Centre for Disease Prevention and Control (ECDC), recent developments and achievements in the field of migration health were discussed. This meeting also explored ways to increase synergies and added value among the different European level projects on migration health funded by the EC as well as to ensure wider and effective dissemination of their results. Discussions led the EU Executive Agency for Health and Consumers (EAHC), managing the projects, to propose the development of a matrix including variables of all concerned projects to easily identify thematic and activity overlaps, gaps and possible synergies, and ensure collaboration.

The matrix was elaborated by IOM upon EAHC’s request as part of the AMAC project objective of exploring synergies with other EC DG Sanco funded projects. The exercise represented the first mapping attempt to develop an analytical model trying to encompass the increased, at the time, volume of migration health projects in Europe. The matrix is an instrument mapping EU funded initiatives on migrants’ and ethnic minorities’ health by means of a multi-variable SPSS based tool. The exercise included the development of a questionnaire and statistical analysis of the following items: leading partner and type of organisation, partners and type of organisation, participating countries, countries of coverage, key deliverables (outputs), main objectives, beneficiaries, target areas of study/action and stakeholders (target audience, broad partnership). The matrix analysis compares the migration health and ethnic minorities’ initiatives to, first, map what has been/is being done in this area, and, second, identify as possible areas where common action and collaboration are desirable or suitable.

The matrix is based on the collection of stated or declared information on the researched projects. The matrix has included a selected number of initiatives meeting the following four criteria 1/ double focus on migration and health; 2/ EU co-funded (DG Sanco and DG RTD or another EU programme); 3/ collaborative initiatives involving various European countries and organizations; 4/ recent or ongoing initiatives. Overall, nineteen projects were invited to share information on their respective activities, which was subsequently aggregated. These include projects on a range of salient migrant health problems such as HIV or particular migrant groups as Roma, undocumented migrants, asylum-seekers and other relevant issues such as legislation and national health systems, good practices on migration and health, developing indicators etc.35

Main Findings

Some of the main findings cast by the analysis of the matrix are presented here.

- The primary type of organisation leading projects is public (university or other academic institution (32%), research institutes (public or private) (16%), and international bodies and organisations (21%);
- Main countries leading migrant health related projects are Austria, Germany and the Netherlands;
- The most active countries as project participants are the Netherlands, the UK, Germany, Spain, Italy, Austria, Poland and Portugal; Bulgaria, Romania, Slovakia, Slovenia, Lithuania, Estonia, Malta, Cyprus, Ireland, Latvia and Luxembourg are found to be less represented;
- The main key deliverables reported are research and data collection, databases, public websites and conferences; a few projects report to provide training courses, materials and direct support to migrant communities;
- The main objectives reported include knowledge on the political and legal framework, accessibility of care, compilation of good/best practices/recommendations, network/exchange of information and knowledge on health status and needs of target population; project respondents reported less often involvement in training/education work packages, support/care to migrant communities, preparation of statistical datasets, and work related to health and immigrant’s civic engagement;
- Target health areas (cf. David Ingleby’s framework of migrant health research areas included in his paper entitled European research on migration and health prepared for the AMAC project) reported in
projects cover mainly collection of background information and specific target areas such as accessibility of care, entitlement to health care and state of health; there is reportedly less interest and work in quality of health care and other pertinent issues related to achieving change in the field of migration and health;

- A broad concept of “migrant” is used in most projects when describing beneficiaries; young migrants, victims of trafficking and/or mobile sex workers, migrant women and second generation migrants are less often listed as beneficiaries of the reviewed projects;

- There is no clear-cut identification of specific stakeholders; the ones listed are mainly partner organisations, European institutions, national governments, international bodies and organisations, researchers and public health experts, media, social workers and service providers / health care organisations are referenced less often.

The matrix was presented at the EUPHA Pre-Conference on Migrant Health in November 2008 in Lisbon and at the EU-Level Consultation on Migration Health – “Better Health for All” also held in Lisbon in September 2009. In both instances, it was very well received. There was indeed consensus in the multi-disciplinary and multi-stakeholders’ audience that effective instruments are needed to keep track, analyse and maximise results of past and current projects as well as of other international regional, national and local initiatives in the field of migration and health in Europe.

The matrix would cast more meaningful and representative results with an increasing number of initiatives to be processed in the next years. The ultimate goal is to avoid duplication of efforts and funding and to enhance the coordination between actors and funders in the field. A review of the matrix would assist in recognizing knowledge and intervention gaps to orient planning by EU and national authorities.

The AMAC project initiated and pursued collaboration with European migrant health initiatives as an explicit objective and considered this networking important and complementary for its overall success. Meaningful participation and contribution by other projects (MigHealthNet, NowHereLand, Mehro, Huma Network, Clandestino) was regularly sought for the project activities and during the development of papers. Specifically, the findings of the NowHereLand project and partially those of the MighHealthNet were drafted and presented as background papers of the project. The Aids&Mobility and the PH-BLM projects (the latter also managed by IOM) were also presented at the EU-Level Consultation on Migration and Health.
The AMAC Thematic Workshops

A cornerstone of the networking and expert dialogue within the AMAC project were the thematic workshops. A total of three workshops were organized, each with a thematic focus identified by the managing team and partners early on in the project which linked the topics of two to three background papers. The workshops gathered a multi-disciplinary and multi-agency audience and were preparatory meetings in view of the project final event, the EU-Level Consultation on Migration Health.

A wide variety of experts were engaged to participate in the workshops (up to a total of 30-35 people in each), exchange their expertise and develop policy recommendations in the defined topics. The participants represented academia, organisations managing projects on migrant health, practitioners and stakeholders at various levels including public and private centres of expertise on migration health, healthcare providers, training institutions and public health schools. Furthermore, the IOM closely cooperated with partners from international organisations (Council of Europe, WHO, UNFPA), international NGOs, community and professional organisations, as well as European institutions (ECDC, DG SANCO, DG JLS). Additionally, governmental representatives from key ministries (health and depending on the topic also education, interior or social affairs) from EU Member States were engaged at each workshop.

Each workshop thus reviewed and gave feedback to the corresponding background papers and best practices identified and suggested policy recommendations for the given priority area. Namely, the workshops had the three following goals: first, to provide feedback for the finalisation of the background papers e.g. gaps, examples of best practices; second, to exchange on the key issues raised in the background papers from a multi-stakeholder perspective; and third, to generate inputs and policy recommendations for the EU-Level Consultation concluding the project. A major goal of the workshops was also creating and sustaining a network of practitioners and stakeholders concerned with the issues of migrant health.

The workshops’ programme started with introductory sessions to the main topics of the event where the background papers were presented. The workshops were then articulated in plenary session roundtables. These were issues on which discussion is necessary either because there exist different perspectives or because they are problematic, controversial or else missing or at default in policy or implementation, and therefore where recommendations could eventually be made. A set of questions and conclusions from the workshops was selected and fed into the EU-Level Consultation policy recommendations.

Partnership in Action

The workshop on “Training of Health Professionals (with focus on mental health care) and Research on Migration Health”, the first of three multi-stakeholder workshops in the project, took place on 9–10 October in Barcelona, coinciding with the World Mental Health Day on 10th October. The workshop was cordially hosted by the Catalan Institute for Health Studies and the Department of Health. Additionally, the Catalan Secretariat for Immigration was also represented at the opening table. The meeting was attended by a large multi-stakeholder audience including delegates of the health departments of four partner governments—namely Portugal, Malta, Spain and Italy—the health and education departments of the Catalan government, academia and experts in the field from WHO and ECDC, selected practitioners as well as immigrant and professional associations, at local and European level.

The workshop on “Migrants’ Right to Health, Care for Undocumented Migrants (UDMs) and Bioethics”, the second of the three seminars planned within the framework of this project, was held on 16–17 December 2008 in Brussels. The workshop was hosted by the IOM Brussels Regional Liaison and Coordination Office to the EU. The meeting was concluded by the IOM Regional Representative to the EU and a member of the Cabinet of the European Health Commissioner Vassiliou, who recognised the need to further advance this policy area in Europe. The meeting was attended by a diversified audience, including delegates of the health departments of three partner governments, i.e. Malta, Spain and Italy, as well as of other participating governments, Belgium, Hungary and the UK. Delegates of the African Diaspora, the academia, NGOs, experts in the field, practitioners and professional associations at local and European levels and international organisations, such as the WHO, were equally represented.
Held on 26-27 March 2009, in Gzira (Malta), the workshop on “Migrants’ Health through the Lifespan and Training for a Public Health Workforce: Maternal and Child Care, Youth Health and Care for the Elderly”, the third workshop of the AMAC series, concluded the preparatory meetings leading to the project final event. Hosted by the Maltese Ministry for Social Policy (including health competences), the workshop was held at the Malta’s Medicines Authority offices. The workshop gathered an outstanding amount of expertise in migration health. The public sector was notably represented by delegates from the Maltese Justice and Home Affairs Ministry, the Maltese Ministry for Social Policy and public officials from Spain, Lithuania, UK, France and Portugal. Besides, representatives from NGOs, e.g. Health Care Access for Migrants Working Group SKOP, Medecins sans Frontieres and Jesuit Refugee Service; the academia and practitioners in the field were also present on the occasion.
EU-Level Consultation on Migration Health

The EU-level Consultation on Migration Health – “Better Health for All” was held on 24-25th September in Lisbon under the auspices of the Office of the Portuguese High Commissioner for Health and the Portuguese Ministry for Health. The Consultation marked the 2nd anniversary of the first European conference on the same issue held under the Portuguese EU Presidency in 2007 and provided an effective link with the overarching theme of addressing health inequalities also included within the Spanish 2009 EU Presidency’s health programme.

Opened by IOM’s Deputy Director-General, Ambassador Laura Thomson, and the Portuguese State Secretary, Assistant Minister for Health, Mr. Francisco Ramos, the Consultation “Better Health for All” brought together over 130 representatives from relevant ministries from EU and EU accession countries and neighbouring states, as well as from key European institutions, international organisations, academia and civil society organisations active on migrant health issues in Europe, with keynote speakers from Portugal’s government, the European Commission (EC), the European Centre for Disease Prevention and Control (ECDC), the Council of Europe, the World Health Organisation (WHO), AMAC project partners and IOM.

The consultation focused on five main themes: social determinants of health; the legal and policy framework; research in migration health; capacity-building for health professionals; and maternal, child and adolescent care. The consultation presented ten background papers on key related migrant health topics; e.g. European research on migration health, migration as a health determinant, the development of a European public health workforce, legal provisions on the right to health, bioethics, care for undocumented migrants (UDMs), maternal and child care, adolescent health and mental health. The background papers were elaborated in partnership between IOM and the institutions collaborating in the project and were available for online public consultation and contribution prior to the Consultation.

Findings from other migration health projects co-financed by the EC Health Programme such as the AIDS & Mobility 2007-2010 and the PHBLM (Increasing Public Health Safety Alongside the New Eastern European Border Line) were also presented at the Consultation. Furthermore, recent and forthcoming policy initiatives in the field at European and international level were showcased, such as the EC Communication on Health Inequalities, the ECDC 2009 Migrant Health Report, the WHA Resolutions on migrant health (2008) and on reducing health inequities (2009), as well as the Council of Europe draft recommendations emerging from the Committee on Mobility, Migration and Access to Health Care.
Conclusions and Recommendations

The Consultation provided an effective platform for discussion of the priority migrant health issues around the background papers and policy documents presented. It also enabled the development and discussion of conclusions and recommendations directed to EU and national policy-makers and stakeholders for translation into effective migration health policy and practice, specifically on the five main themes of the consultation:

**SOCIAL DETERMINANTS OF HEALTH**

- Health is much more than health care: several indirect social and economic determinants influence people’s health status (e.g. food security, poverty, education, employment, housing, environment);
- Health disparities are erroneously still not perceived as an element of concern for social cohesion and public health requiring policy interventions outside the health sector;
- Migration should be considered per se a health determinant; migration in itself is not a health risk but the migration process can often bring circumstances posing important health risks and challenges;
- The health outcomes of migration are determined also by policies and practices outside the health system; both at EU and national levels, multi-sectoral strategies and avenues for debate are lacking.

**Recommendations**

- Health and related social and interior policies have to recognise and address the inequalities faced by migrants and put in place a multi-sectoral approach to managing migration; this requires addressing other priorities than health such as education, public sector reform and the reinforcement of legal and policy frameworks;
- Affirmative actions in policy and practice in relation to vulnerable populations such as migrants are necessary despite the prevailing ‘real politic’ on migration;
- Policy-makers of all related fields and levels throughout the EU need to foster collective will and leadership in a way that the health of all is regarded as a shared responsibility, perhaps by also joining related mainstream health policy agendas and goals (i.e. patient safety, service quality improvement, cost-effectiveness) to obtain positive outcomes in migration health.

**LEGAL AND POLICY FRAMEWORK**

- International, Council of Europe and EU legal instruments guarantee migrants’ de jure entitlement to health care; however the states’ legal and policy frameworks do not alleviate barriers to ensure a de facto access; a gap therefore exists between the recognition of the universal right of all to health care and its respect in several EU Member States;
- The fundamental right of access to healthcare constitutes a paradox in societies controlling movement and residence; EU member states show different ways of coping with this paradox at the policy and practice levels of health care provision to undocumented migrants: functional ignorance (avoiding questions on status), partial acceptance (special health programmes and centres) and structural compensation (care via civil society), combined with different levels of informal solidarity by individual health professionals;
- The intervention of civil society organisations is fundamental in many systems to compensate policy absences, whereas their declared mandate would rather be creating awareness about vulnerable groups’ health needs and acting as pressure group for the definition of new policies and strategies at various level from the national to global;
- In the field of mandatory health checks, Member States are challenged to conciliate ethics and individuals’ privacy rights with the current security pressures they face.

**Recommendations**

- Revision and development of health policies so that they address present challenges affecting both health systems and individuals in the context of diversification and increase of immigration flows into and within the EU;
- Improvement of health care access and quality, as well as health literacy, for all the EU population including migrants, and within this group asylum seekers and undocumented migrants; and design of policies and programmes targeted to their concrete health needs and specificities;
- Fundamental aligning of the accepted principle of migration flow management with advocacy for the right to health, concretely in the cooperation between health, social affairs and interior ministries and departments including at EU level;
• Active participation of and cooperation between policy-makers, practitioners and migrant groups to foster policy coherence amongst the various priority sectors.

RESEARCH

• Migrants are exposed to a range of health risks, as a result of legal, social, cultural, language and communication barriers, which may negatively affect their health and health seeking behavior when compared to that of the majority population in their host communities; the magnitude of the problem may actually be larger than what is apparent, as mental, psycho-social and other health problems are often neglected;

• Research in Europe is fragmented and uncoordinated among the different actors and funding organisms both across EU Member States and within the EU institutions; the result is insufficient and scattered evidence, often not geographically representative (national level or only selected European countries), insufficiently disseminated, and generally a degree of waste of efforts and resources;

• There is also insufficient information on the actual gaps of knowledge and lack of clarity on how to address them, combined with a situation of serious data collection deficits and lack of consensus, let alone standardization, among countries in this area, as well as lack of adequate and systematic evaluation of research and other interventions.

Recommendations

• Further research and data are needed to drive policy changes and to better underline the health specificities of migrant populations and social health determinants that need to be targeted in health and related policies in order to address the existing inequalities and the vulnerability of certain groups:

  1. Need to identify and address gaps in research already commissioned;
  2. Need for research to evaluate effectiveness of new initiatives and leading to better understanding of processes and levers for change;
  3. Need for research that focuses on achieving change;

• Inclusion of migrant and minority ethnic communities and associations in developing solutions including empowerment strategies such as employment in a multicultural health workforce and participation in research and development and implementation of training interventions;

• Collaborative efforts and coordinated approach—across EU Member States, within the EU itself and within countries of origin—to achieve targeted research results and coherence;

• EU leadership to facilitate co-ordination within Member States and the development of common terminology, standards and codes of practice, as well as the promotion of comparable data collection and harmonisation; the establishment of a body that can oversee, harmonise and evaluate all EU interventions in this area.

CAPACITY BUILDING FOR A HEALTH WORKFORCE

• Currently in Europe health systems and health workforces face the challenge of serving culturally and socially diverse communities and often perform poorly;

• This situation disproportionately affects vulnerable groups such as migrants and increase health disparities;

• Training programmes in cultural competence and migration awareness are more the exception than the rule and existing initiatives are often reactive to very specific needs and to the local contexts; as a result, there is a multiplicity of non evaluated curricula designed and implemented by a variety of actors across Europe.

Recommendations

• Promotion of migrant-friendly health systems and a patient-centred health care model to reduce social and health care inequalities and to respect good public health practice in a diverse EU society; such systems should comprise use of interpreting, mediation and training for all health professions;

• Investment via capacity building and specialised training in a generation of European health professionals more aware and open to different cultures and multicultural ethics, medical anthropology and diversity;

• Such competency should be integral for medical school curricula and continuous professional training and include: communication skills, know-how to manage change and different values and health beliefs, understand health determinants, recognise the clinical manifestation of disease and illness among different migrant groups, be aware of legal and administrative matters around accessing services and also be knowledgeable of occupational health;

• Training on cultural competence needs to become strategic and
Background Paper
Assisting Migrants and Communities (AMAC) Project

part of policy and programmatic planning for formal and continuous education of health professionals; programmes need to be coherent and systematic across regions in a country, designed and promoted by the state and implemented by actors involved in migrant health issues;

- Harmonization of training requirements, curricula and approaches at European level and establishment of an on-line repository of tools and multimedia courses for training, including self training.

MATERNAL, CHILD AND ADOLESCENT CARE

- Migration in itself is a determinant of maternal and child health; evidence such as that emerging from the EC co-funded PERISTAT research programme have established a link between poor or poorer perinatal health outcomes and migration (e.g. abortion rate is higher in migrant/ethnic minority populations and use of pregnancy control lower);

- There is insufficient research on different migrant groups’ maternal and child health and ill-health patterns and insufficient specific policy and programmatic attention to these issues;

- Children are the most vulnerable group and are thus protected by international law; however, initiatives to monitor and evaluate the respect of migrant children’s right to health and health care are mostly inexistent; little epidemiological data and literature address the respect for this fundamental right of children;

- Migrant youth is twice as vulnerable and powerless than the local youth as two levels of ‘invisibility’ combine, as migrants and as adolescents, which are per se rarely heard or are often deemed less in need than children.

Recommendations

- Coherent and sensitive policy frameworks need to be developed in order to provide care to migrant mothers and their children and outreach interventions put in place;

- Statutory bodies and public sector actors involved in health care need to work with the migrant and minority communities in order to better assess their needs, and to improve their knowledge and awareness on health and health systems for these communities’ own empowerment;

- Efficient communication enhances the promotion of health and awareness of health care systems and it should be regarded as a public health investment: communication programmes need to be specially targeted at regular and irregular young migrants and it is key that youth are integrated and listened to in the design of long-term strategies towards better health and integration at all levels;

- Patterns of native children’s health vs. migrant children’s should be monitored and compared regularly; specific attention should also be given at making sure that information on their rights is being shared properly within health systems, as well as with the children themselves and their families, through the relevant channels;

- Need to invest in migrant children who make up the future of Europe through innovative strategies and holistic multi-sectorial policies adaptable to different groups and situations, which can be monitored and evaluated over time;

- Promotion of best practices and advocacy at all levels i.e. European institutions, national governments, international organisations and civil society.

The EU-Level Consultation on Migration Health - “Better Health for All” called for overall greater efforts to identify and combat health inequalities faced by migrants. Migrants are found to be at increased vulnerability to poor health outcomes and suffering from reduced access to health care in comparison to host populations in Europe, despite overall investments made by governments in health and social systems. National and European institutions alike need to pay more specific attention to migrants’ health needs and ensure they have equitable access to quality health and social services served by cultural competent workforces. It is in the interest of all host, transit, migrant and return communities and an important matter of public health. Within the framework of social determinants of health, IOM advocates for a multi-disciplinary multi-sectorial approach in policy and practice to avoid social exclusion and improve the health of all people residing in Europe including migrants.
Concluding Remarks

Migrant health issues need to be addressed urgently, effectively and appropriately. All stakeholders within the health and related communities need to make sustained efforts to present migrant health issues not only as challenges but as major opportunities for the improvement of European healthcare systems and the safeguarding of the wellbeing of all people living in Europe. One issue deserving particular consideration is the fight against health inequalities between migrants, among other disadvantaged groups, and the rest of the population.

The Assisting Migrants and Communities (AMAC) project has served as a platform to establish effective partnerships for a common goal with organisations and stakeholders concerned with migrant health at all levels and from all sectors as well as committed governments; partnerships which were reinforced by the cooperation with the European institutions and other international organisations. This collective effort has strived to produce innovative proposals, building on existing successful initiatives, aimed at improving migrants’ health and tackling health inequalities in EU societies.

The AMAC project has also provided relevant background information and analysis to inform future policies and practices in the field by European institutions and EU governments. The project background papers and this report in particular recommend general and specific strategies to protect and promote the health of migrants in the EU, improve healthcare provided to this population group making European health systems more inclusive and responsive to special groups’ needs, as well as to include a migration perspective in all health-related policies.

These recommendations are in line and set themselves to contribute to stated guidelines and conclusions by the European Council, the Council of Europe, WHO and other standard setting bodies at national and international level. IOM calls for the EU to assume a leading role in the global challenge of migration health and related policy areas such as cooperation and development, the environment and mobility of professionals, as well as in the global dialogue on these matters.

In view of recent patterns of increasing migration and global workforce movements and the growing interest these issues are raising within various sectors, we currently face an extraordinary opportunity and challenge to carry the agenda on migration health forward both at Community and Member State level and create opportunities for greater health and healthcare systems for all people residing in Europe. A critical mass of interested stakeholders and partnerships, evidence from research and projects, as well as commitment from European policy-makers at all levels is necessary to make a difference.
Annexes

ANNEX I

In the framework of the project
“Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities”

EU-Level Consultation on Migration Health – “Better Health for All”
24-25th September 2009, Lisbon

Lisbon International Fair, Park of Nations
(Rua do Bojador, 1998-010 Lisbon)

Co-funded by the European Commission’s Health Programme 2006 and the Portuguese High Commissariat for Health

AGENDA

Wednesday, September 23rd 2009
20:30 Welcome Cocktail (Hotel Vip Art’s, Av. D. João II, Lt 1.18 Lisbon)

Thursday, September 24th 2009
9:00 - 9:30 Registration
Coffee / Tea

9:30 - 10:00 Welcome Addresses

Chair: Monica Goracci, Chief of Mission, International Organization for Migration (IOM), Portugal
Laura Thompson, Deputy Director-General, International Organization for Migration (IOM)
Maarit Kokki, Advisor to the Director and Coordinator of the Director’s Cabinet, on behalf of Zsuzsanna Jakab, Director, European Centre for Disease Prevention and Control (ECDC)
Francisco Ramos, State Secretary, Assistant to the Minister for Health, Portugal

Introduction: Social Determinants of Health Inequalities

10:00 - 11:15 Chair: José Pereira Miguel, President, National Institute of Health, Portugal; 2007 EU Presidency Health Task Force, Ministry of Health, Portugal
Roumyana Petrova-Benedict, Senior Regional Migration Health Manager, Regional Liaison and Coordination Office to the European Union, IOM: “Assisting Migrants and Communities” (AMAC) Project - Consultation background and objectives
Philippe Roux, Deputy Head, Health Determinants, DG Health and Consumers, European Commission: Communication “Solidarity in health: Reducing health inequalities in the EU”

Harald Siem, Senior Adviser, Secretariat for International Cooperation, Directorate for Health, Norway; Chair of the Council of Europe Committee of Experts on Mobility, Migration and Access to Healthcare: The Committee’s Draft Recommendations Report

Eugenio Villar, Coordinator, Department of Ethics, Equity, Trade and Human Rights (ETH), Information Evidence and Research (IER), World Health Organization (WHO): Social Determinants of Health and the WHO Resolution WHA62.14 for Reducing Health Inequities

Karoline Fernández de la Hoz, Head, Coordination Area, Direction General for Public Health and International Health, Ministry for Health and Social Policy, Spain: Health Priorities of the Spanish 2010 EU Presidency

Davide Mosca, Director, Migration Health Department, IOM: Paper “Migration: A Social Determinant of the Health of Migrants”

Questions & Answers

11:15 - 11:30 Coffee/Tea Break

Thematic session One: Legal and Policy Framework

11:30 - 12:45

Chair: Michele Klein-Solomon, Director, Migration Policy and Research, IOM

Rapporteur: Rosario Farmhouse, High Commissioner for Immigration and Intercultural Dialogue, Portugal

- Paola Pace, Research Officer, International Migration Law and Legal Affairs Department, IOM: Background paper “Migration and the Right to Health in Europe”
- Duarte Miranda Mendes, Head, High Commissioner for Immigration’s Office, Portugal: The Portuguese legal and policy framework
- Roseline Ricco, Researcher, Centre for Science, Society and Citizenship, Italy: Background paper on “Privacy and body integrity of migrants in the context of mandatory public health measures”
- Ursula Karl-Trummer, Head, Centre for Health and Migration, Danube-University Krems, Austria: Background paper “Health Care for Undocumented Migrants in the EU: Concepts and Cases”, findings from the EC co-funded NowHereLand Project
- Sara Collantes, Co-coordinator, HUMA Network, Medecins du Monde, Spain: Improving access to health care for asylum seekers and undocumented migrants in the EU (EC co-funded Averroes Project)
- Danielle Grondin, Acting Assistant Deputy Minister, Public Health Agency, Canada: Canada’s vision and approach to migration health

12:45 - 13:45 Lunch Break
Thematic Session Two: Research in Migration Health

13:45 - 15:00
Chair: Stefan Schreck, Head, Scientific Unit, EU Executive Agency for Health and Consumers
Rapporteur: Ghazala Mir, Head, Centre for Health and Social Care, Leeds University, UK

- Maria José Peiro, AMAC Project Focal Point, Migration Health, IOM Brussels, on behalf of David Ingleby, Professor of Intercultural Psychology, European Research Centre on Migration and Ethnic Relations (ERCOMER), Utrecht University, Netherlands: Background paper “European research on migration and health” and migration health study review
- Maria José Peiro, AMAC Project Focal Point, Migration Health, IOM Brussels: EU Member States' Reports Review
- Teymur Noori, Scientific Officer, European Centre for Disease Prevention and Control (ECDC): ECDC 2009 Migrant Health Report
- Matthias Wienold, Scientific Director, Ethno-Medical Centre, Germany: Data to shape HIV/AIDS prevention policies — Perspectives from the EC co-funded Aids & Mobility Project
- Marco Biocca, Director, Health Communication and Training, Emilia-Romagna Regional Health and Social Care Agency: Findings from the WHO Regions for Health Network MighRer Project
- Mariya Samuilova, Research Assistant, Migration Health, IOM Brussels: Matrix of European migration health projects

15:00 - 15:30 Discussion with the audience on thematic sessions one and two
Facilitator: Philipa Mladovsky, Research Officer, London School of Economics, UK

15:30 - 15:45 Coffee / Tea Break

Policy Dialogue

15:45 - 17:00
Chair: Prof. Paulo Ferrinho, Deputy Director, Institute of Hygiene and Tropical Medicine (IHMT)

- Karoline Fernández de la Hoz, Head, Coordination Area, Direction General for Public Health and International Health, Ministry for Health and Social Policy, Spain
- Maria do Céu Machado, High Commissioner for Health, Portugal
- Daniel Verman, Senior Counselor, Department for Politics, Strategies and Health Management, Ministry of Health, Romania

Questions & Answers

19:00 Reception (Grémio Literário, Rua Ivens 37, 1200 - 226 Lisbon)
Bus departure from venue at 18.30
Friday, September 25th 2009

9:30 - 10:00  Coffee / Tea

10:00  Welcome

**Thematic Session Three: Capacity Building for Health Professionals**

10:00 - 11:30  

**Chair:** Manuel Pizarro, Secretary of State for Health, Portugal

**Rapporteur:** Jacqueline Weekers, Public Health and Senior Migrant Health Officer, World Health Organization (WHO)

- Riitta-Liisa Kolehmainen Aitken, Researcher, Andalusian School of Public Health, Spain: Joint background paper by EASP, WHO and IOM “Developing a Public Health Workforce for Migrant Health in Europe”
- Rachid Bennegadi, Centre Françoise Minkowska, France: The case of mental health, background paper “Multicultural Practice in Mental Health”
- Maria Arminda Costa, Professor and Researcher, President of the European Federation of Nurses Educators (FINE)
- Robbert Duvivier, Liaison Officer on Medical Education Issues, International Federation of Medical Students’ Associations (IFMSA)
- Jennifer Hollings, Project Coordinator, Migration Health, IOM Brussels: Perspectives from the EC co-funded “Increasing Public Health Safety Alongside the New Eastern European Border Line” (PHBLM) Project

Discussion with the audience

**Facilitator:** Julia Puebla Fortier, Director, Resources for Cross Cultural Health Care, DiversityRx Project

11:30 - 11:45  Coffee / Tea Break

**Thematic Session Four: Maternal and Child Care**

11:45 - 13:00  

**Chair:** Maria do Céu Machado, High Commissioner for Health, Portugal

**Rapporteur:** Anita Alero Davies, Area Coordinator, Migration Health Department, IOM

- Ana Fernandes, Researcher and Associate Professor, New University of Lisbon, Portugal: Background paper “Maternal and Child Care in Europe: Review and Best Practices”
- Ana Guermeiro, Meyer University Children’s Hospital, Italy: Background paper “Ensuring the right of migrant children to health care: The response of hospitals and health services”
- Michal Molcho, Lecturer and Senior Researcher, National University of Ireland – Galway, WHO Health Behaviour in School-Aged Children (HBSC) network: Background paper “Foreign born children in Europe: an overview from the Health Behaviour in School-Aged Children (HBSC) study”

Discussion with the audience

**Facilitator:** Danielle Grondin, Acting Assistant Deputy Minister, Public Health Agency, Canada

13:00 - 14:00  Lunch Break
Conclusions & Recommendations

14:00 - 15:15

Chair: Bernd Hemingway, Regional Representative, Regional Liaison and Coordination Office to the European Union, IOM

- Catarina Reis Oliveira on behalf of Rosario Farmhouse: Legal and policy framework
- Ghazala Mir: Research on migration health
- Jacqueline Weekers: Capacity building for health professionals
- Anita Alero Davies: Maternal and child care

Questions & Answers

15:15 - 15:30

Closing Addresses

Jorge Sampaio, UN Secretary General’s Special Envoy to Stop Tuberculosis (via video link)

Daniel López Acuña, Director, Recovery and Transition Programmes, Health Action in Crises, World Health Organization (WHO)

Maria do Céu Machado, High Commissioner for Health, Portugal

Bernd Hemingway, Regional Representative, Regional Liaison and Coordination Office to the European Union, International Organization for Migration (IOM)
Ambassador Laura Thompson, Deputy Director General of the International Organization for Migration, opening the EU-Level Consultation on Migration Health.

Roumyana Benedict, Senior Regional Migration Health Manager, IOM Brussels, presenting the Assisting Migrants and Communities (AMAC) Project.

From left to right, Maarit Kokki, Advisor to the Director and Coordinator of the Director’s Cabinet, European Centre for Disease Prevention and Control (ECDC), Ambassador Laura Thompson, IOM Deputy Director General, Prof. Maria do Céu Machado, High Commissioner for Health, Portugal, and Monica Goracci, Chief of Mission, IOM Lisbon, at the opening session.

From left to right, at the session on ‘Social Determinants of Health Inequalities’, Davide Mosca, Director, Migration Health Department, IOM; Karoline Fernández de la Hoz, Head, Coordination Area, Direction General for Public Health and International Health, Ministry for Health and Social Policy, Spain; Eugenio Villar, Coordinator, Department of Ethics, Equity, Trade and Human Rights, Information Evidence and Research, World Health Organization (WHO); Harald Siem, Senior Adviser, Secretariat for International Cooperation, Directorate for Health, Norway; José Pereira Miguel, President, National Institute of Health, Portugal; Philippe Roux, Deputy Head, Health Determinants, DG Health and Consumers, European Commission; and Roumyana Petrova-Benedict, IOM.

Conference venue (International Fair of Lisbon, Park of Nations), opening session.
Background Paper
Assisting Migrants and Communities (AMAC) Project

Eugenio Villar, WHO, during his speech on the social determinants of health.

View during a discussion session.

View of the plenary during a thematic session.
ANNEX III

1st Thematic Workshop
Catalan Institute for Health Studies
Catalan Department of Health
Roc Boronat 95, Barcelona

Agenda
9 October 2008

10:30 - 11:00 Registration

11:00 - 11:30 Welcoming Addresses

Dr. Mateu Huguet, Director, Institute for Health Studies, Catalan Department of Health

Dr. Ricard Tresserras, Subdirector, Direction General for Planning and Evaluation, Catalan Department of Health

Xavier Alonso, Head of Institutional Relations, Catalan Secretariat for Immigration

Roumyana Benedict, Senior Migration Health Manager for Europe and Liaison to the EU/EC, IOM Brussels

11:30 - 13:30 Perspectives on Migration and Health Research
Presentations and Questions
Co-chairs: Abdellatif Riffi and Roumyana Benedict
Rapporteur: Ghazala Mir

Prof. David Ingleby, Professor of Intercultural Psychology, European Research Centre on Migration and Ethnic Relations (ERCOMER), Utrecht University;
Scientific coordinator of the MIGHEALTHNET project and COST-funded HOME project

Background paper: “European research on migration and health”

Prof. Mark Johnson, Professor of Diversity in Health & Social Care, De Montfort University, Leicester

Dr. Ghazala Mir, Senior Research Fellow, Leeds Institute of Health Studies, Ethnicity Training Network, University of Leeds

13:30 - 14:30 Lunch

14:30 - 16:00 Research and programmatic priorities
Roundtable

Co-chairs: Mark Johnsons and Roumyana Benedict
Rapporteur: Tona Lizana
Background Paper
Assisting Migrants and Communities (AMAC) Project

Tona Lizana, Director, Master Plan for Immigration, Catalan Health Department: the Catalan Health Plan for Immigration

Teymur Noori, Scientific Officer, European Centre for Disease Prevention and Control (ECDC)

Dr. Fabiola Antonucci, Medical Director, IV Office, Directorate General for Human Resources and Healthcare Professions, Italian Ministry of Health

Prof. Ana Fernandes, Faculty of Medical Sciences, New University of Lisbon

Federica Righi, Project Officer in charge of migration health matters, WHO Barcelona

Vivian Welch, Core Methods Team, Institut de recherche sur la santé des populations et Institut de recherche Elisabeth Bruyère, University of Ottawa

Dr Alberto Fernández Liria, Director, Psychiatric Service of the Príncipe de Asturias Hospital; President, AEN (Spanish Association for Neuropsychiatry); and representative of the Spanish Ministry of Health in this workshop as co-author of the Spanish Mental Health Strategy

16.00 - 16.30 Coffee

16.30 - 17.45 Training of Health Professionals: Challenges and Prospects
Presentations and Questions

Co-chairs: David Ingleby and Roumyana Benedict
Rapporteur: Vivian Welch

Rachid Bennegadi
Member of the Transcultural Psychiatry Section, Centre François Minkowska; Member of the World Psychiatric Association; Course Lecturer at the University Paris 5 (France)

Background paper: “Training of Health Professionals on Migrants’ Needs in Europe – the case of Mental Health and Innovative Multimedia Training”

Abdellatif Riffi, Lecturer on Intercultural Competence on Health Care, Free University of Brussels (VUB)

17.45 - 18.00 Conclusions – Day One

20:00 Dinner at city centre (Restaurant Pitarra, C. d’Avinyó 56)

10 October 2008

9.00 - 11.00 Training of Health Professionals: Challenges and Prospects
Roundtable

Co-chairs: Rachid Bennegadi and Maria-Jose Peiro
Rapporteur: Vivian Welch

Dolors Muñoz, Catalan Institute of Health Studies (with Tona Lizana): the Catalan Training Programme for Doctors
Dr Marc Walter, Medical Doctor, member of Atlantida: Professionals for Inter-Culturalism

Anna Méndez, LIC Plan Territorial Coordinator, Catalan Department of Education

11.00 – 11.30 Coffee

Maria Prat, Socio-cultural Association Ibn Batuta, Barcelona

Luis Die Olmos, Coordinator, Valencian Observatory of Migration, Ceimigra Foundation, Valencia

Marika Podda Connor, Coordinator, Migrant Health Unit, Primary Health Care Directorate, Maltese Ministry of Health

Juan Mendive, Family Physician, Vice-president, European Medical Association (EMA)

12.00 – 13.30 Training of Health Professionals: the case of Mental Health Roundtable

Chair: Rachid Bennegadi and Roumyana Benedict

Rapporteur: Adil Qureshi

Dr Natale Losi, Head, Psychosocial and Cultural Integration Unit, IOM Rome: the PCI unit experience

Dr Adil Qureshi, Psychiatric Unit, Hospital Vall d’Hebron; coordinator of training to mediators in Barcelona network of hospitals.

Dr Teresa Rossell, psychologist, social worker and collaborator in the Master in Intercultural Communication, University of Barcelona.

Luigi Leonori, President, SMES-Europa

Amina Abdeljawad, Fedelatina: Federation of Latin American Associations of Catalonia

13.30 – 14.30 Lunch

14.30 – 16.30 Closing session and conclusions

Chair: Roumyana Benedict

Perspectives on Migration and Health Research

Rapporteur: Ghazala Mir

Research and programmatic priorities

Rapporteur: Tona Lizana

Training of Health Professionals: Challenges and Prospects

Rapporteur: Vivian Welch

Training of Health Professionals: the case of Mental Health

Rapporteur: Adil Qureshi
ANNEX IV

2nd Thematic Workshop

International Organization for Migration (IOM)

Rue Montoyer 40, Brussels

Agenda

16 December 2008

9:00 - 9:30 Registration
9:30 - 10:00 Welcoming Address

Roumyana Petrova-Benedict, Senior Migration Health Manager for Europe and Liaison to the EU/EC, IOM

10:00 - 11:3 Perspectives on Legal Provisions on Health Care to Migrants
Presentations and Questions

Co-chairs: Henry Ascher and Roumyana Petrova-Benedict
Rapporteur: Beatrix Oroszi / Maria-Jose Peiro

Paola Pace, Research Officer, International Migration Law and Legal Affairs Department, IOM
Stefania Ricci, Head of Unit, General Direction for Relations with the EU and International Relations, Italian Ministry of Health

Background paper(s):
- Migration and the Right to Health in Europe
- Health Care Procedures for Non-EU Citizens in Europe

11:30 - 11:45 Coffee Break

11:45 - 13:30 Legal Aspects: Requirements and Procedures
Roundtable

Co-chairs: Paola Pace and Stefania Ricci
Rapporteur: Beatrix Oroszi / Maria-Jose Peiro

Walter Devillé, President of the Section on Migrant Health, European Public Health Association (EUPHA); and Netherlands Institute for Health Services Research (NIVEL), Utrecht

Henry Ascher, Paediatrician and Researcher, Nordic School of Public Health, Gothenburg

Beatrix Oroszi, Epidemiologist, International Department, National Public Health and Medical Officer Service (NPHMOS),
Budapest

Rafaele Di Palma, Department of Preventive Medicine of Migration, San Gallicano Institute (IRCCS), Rome

Hassan Nadir, Economic Ambassador of Morocco in Belgium

Veerle Evenepoel, Medimmigrant, Brussels

Eve Geddie, Project Officer, Platform for International Cooperation on Undocumented Migrants (PICUM), Brussels

Nicholas Vella Laurenti, Policy Officer, Department of Policy Development and EU Affairs, Health Department, Maltese Ministry for Social Policy

David Pennington, Head of Overseas Visitors & National Health System Charities, UK Department of Health

Jan Vosters, Johannes Wier Foundation, Netherlands

13:30 - 14:30 Lunch

14:30 - 15:30 Perspectives on bioethics in the context of migration health
Presentation and Questions

Co-chairs: Anthony Mark Cutter and Maria-Jose Peiro
Rapporteur: Ulrike Pypops

Roseline Ricco, Researcher, Centre for Science, Society, and Citizenship (CSSC), Rome

Background paper: Privacy, body integrity of migrants in mandatory health checks

15.30 - 17:15 Bioethical and human rights implications of health checks on migrants
Roundtable

Co-chairs: Henry Ascher and Roumyana Petrova-Benedict
Rapporteur: Francesco Ronfini

Anthony Mark Cutter, Head of Innovation in Society, International School for Communities, Rights and Inclusion, University of Central Lancashire; Editor-in-Chief, Studies in Ethics, Law and Technology (Berkeley Electronic Press)

Ulrike Pypops, Researcher, Center for Biomedical Ethics and Law, KU Leuven University

Moise Essoh, Director, General Council of the Africans in Belgium (MOJA)

Charles Akong, World Health Organization (WHO), Brussels

16:00 - 16:15 Coffee Break

Pilar Campos, Head Officer, Health Promotion Area, Spanish Ministry of Health

Francesco Ronfini, Veneto Region Brussels Office, Chair of the European Regional and Local Health Authorities (EUREGHA), Brussels
Background Paper
Assisting Migrants and Communities (AMAC) Project

Vincenzo Costigliola, President, European Medical Association (EMA), Brussels

Ines Keygnaert, Researcher, International Centre for Reproductive Health (ICRH), University Hospital Ghent

17:15 - 17:30 Conclusions - Day One

19:30 Dinner at the restaurant « Les Brasseurs de la Grande Place »

17 December 2008

9.00 - 10.00 Perspectives on Health Care for Undocumented Migrants (UDMs)
Presentations and Questions

Co-chairs: Amanda Klekowski von Koppenfels and Ines Keygnaert
Rapporteur: Nicholas Vella Laurenti

Ursula Karl-Trummer, Head of the Centre for Health and Migration, Danube University Krems (Austria)

Background paper: NowHereLand project results on health care for undocumented migrants

Michele LeVoy, Director, Platform for International Cooperation on Undocumented Migrants (PICUM), Brussels;
focal point for the ‘Clandestino’ Project

Sara Collantes, Co-coordinator, Averroes network, Médecins du Monde, Madrid

10.00 - 12.00 Care for UDMs: prospects and challenges
Roundtable

Co-Chair: Vincenzo Costigliola and Roumyana Petrova-Benedict
Rapporteur: Ursula Karl-Trummer

Ines Keygnaert, Researcher, International Centre for Reproductive Health (ICRH), University Hospital Ghent

Mia Honinckx, Medical Doctor, Medical Coordination Service, Managing Direction of the Fedasil Network

Francesca Vencato, Kent County Council, Brussels office, Network of European Regions and Local Authorities on Immigration (ERLAI)

Luigi Leonori, President, SMES-Europa

11.00 - 11.15 Coffee Break

Amanda Klekowski von Koppenfels, Lecturer in Migration Studies, University of Kent, Brussels

Peter Verhaeghe, Migration Officer, Caritas Europa

Cinthia Menel-Lemos, Scientific Officer, Executive Agency for Health and Consumers (EAHC), Luxembourg

Femke Duquet, Collaborator of the International Relations Department, Belgian Ministry of Health
12.00 – 13.30  Closing session and conclusions

Chair: Anthony Mark Cutter and Roumyana Petrova-Benedict

Rapporteur: Beatrix Oroszi / Maria-Jose Peiro
Legal Provisions on Health Care to Migrants

Rapporteur: Francesco Ronfini
Bioethics and Respect of Migrants’ Human Rights

Rapporteur: Nicholas Vella Laurenti
Health Care for Undocumented Migrants

13.30 – 14.00  Concluding Remarks

Erginel Erdem, Cabinet Member, European Health Commissioner Vassiliou

Bernd Hemingway, Regional Representative, Regional Liaison and Coordination Office to the EU, IOM

Roumyana Petrova-Benedict, Senior Migration Health Manager for Europe and Liaison to the EU/EC, IOM

Lunch
ANNEX V

3rd Thematic Workshop

“Health of Migrants through the Lifespan & Training for a Public Health Workforce:
Maternal and Child Care, Youth Health and Care for the Elderly”

Medicines Authority

198, Rue D’Argens, Gżira (Malta)

Agenda

26 March 2009

9:00 – 9:30 Registration

9:30 – 10:00 Welcoming Addresses

Natasha Azzopardi Muscat, Director General for Strategy and Sustainability, Health, the Elderly and Community Care Division, Ministry for Social Policy, Malta

Maria Pisani, Chief of Mission in Charge, IOM Malta

Roumyana Petrova-Benedict, Senior Migration Health Manager for Europe and Liaison to the EU, IOM Brussels

10:00 – 10:30 Training for a Public Health Workforce: Overview of Priorities and Current Practices

Presentations and Questions

Background paper:

Riitta-Liisa Kolehmainen-Aitken and Sandra Pinzón Pulido on behalf of the research team from the Andalusian School of Public Health (EASP, Spain): Developing a Public Health Workforce for Migrant Health in Europe (paper developed in collaboration with WHO)

10:30 – 11:30 Facts and Prospects on Child and Maternal Health Care for Migrants

Presentations and Questions

Background papers:

- Ana Fernandes, Researcher, Faculty of Medical Sciences, New University of Lisbon, Portugal: Maternal and Child Health of Migrant Families

Beatriz Padilha, Researcher, Faculty of Medical Sciences, New University of Lisbon, Portugal: Best Practices

- Ana Guerreiro, Technical Officer, Meyer University Children’s Hospital, Italy: Ensuring the Right of Migrant Children to
Health Care: the Response of Hospitals and Health Services

11:30 - 11:45
Coffee Break

11:45 - 13:15
Child and Maternal Health Care for Migrants
Roundtable

Chair: Michal Molcho
Vice-Chair: Roumyana Petrova-Benedict
Rapporteur: Riitta-Liisa Kolehmainen-Aitken

Charmaine Gauci, Director, Health Promotion and Disease Prevention, Health, the Elderly and Community Care Division, Ministry for Social Policy, Malta

David Pace, Resident Specialist in Paediatrics, Mater Dei Hospital, Malta

Sharon Attard, Research and Policy Manager, Office of the Commissioner for Children, Malta

Genovafe Paulauskiene, Chief Specialist, Specialised Medical Care Division, Personal Health Care Department, Ministry of Health, Lithuania

Dave Newall, Health Policy Officer, West Midlands Strategic Partnership for Asylum and Refugee Support, Regional Partnership Centre, UK

Meagan Zimbeck, Coordinator, Euro-Peristat project, Epidemiological Research Unit on Perinatal and Women's Health, National Institute of Health and Medical Research (INSERM), France

Elena González Rojo, Technician in International Health, Andalusian School of Public Health (EASP), Spain

Natasha Burns, Knowledge Transfer Research Assistant, Innovation in Society, International School for Communities, Rights and Inclusion, University of Central Lancashire, UK

13:15 - 14:15
Lunch

14:15 - 15:15
Perspectives on Migrant Youth’s Health
Presentation and Questions

Background papers:

Michal Molcho, Lecturer and Senior Researcher, Department of Health Promotion, National University of Ireland: Adolescent Migrants’ Health

Mark Cutter, Head of Innovation and Society, International School for Communities, Rights and Inclusion, University of Central Lancashire, UK: Alcohol Use Among Migrant and Ethnic Minority Youngsters, Case Study: Region in the UK

15:15 - 15:30
Coffee Break

15:30 - 17:00
Health of Migrant (Older) Children & Adolescents
Roundtable

Chair: David Pace
Background Paper
Assisting Migrants and Communities (AMAC) Project

Vice-Chair: Maria Pisani
Rapporteur: Ana Isabel Guerreiro

Maryanne Massa, Health Promotion Officer, Health Promotion & Disease Prevention Department, Health, the Elderly and Community Care Division, Ministry for Social Policy, Malta

Kristina Zammit, Social Worker, Jesuit Refugee Service (JRS), Malta

Lynda Norton, Asylum Seeker Deputy Team Leader, Asylum Seeker Coordination Team, Mental Health Programme, Department of Health, UK

Elvira Méndez, General Director, Health and Family Association (Asociación Salud y Familia, Barcelona); participating on behalf of the Ministry of Health, Spain

Josianne Calleja Vella, Coordinator Social Work Unit, Organization for the Integration and Welfare of Asylum Seekers (OIWAS), Ministry of Justice and Home Affairs, Malta

Marika Podda Connor, Migrant Health Unit Coordinator, Primary Health Department, Health, the Elderly and Community Care Division Ministry for Social Policy, Malta

Tony Gatt, Basic Specialist Trainee, Infectious Disease Prevention and Control Unit (IDCU), Department of Health Promotion and Disease Prevention, Health, the Elderly and Community Care Division, Ministry for Social Policy, Malta

Gabriella Ferlazzo Natoli, Medical Doctor, Medecins Sans Frontieres (MSF), Malta

17:00 - 17:30 Conclusions - Day One

19:30 Reception in the Boardroom of the Palazzo Castellania
(Palazzo Castellania, 15, Merchants Street, Valletta)

27 March 2009

9:00 - 9:45 Prospects and Challenges on Care for Elderly Migrants
Presentation and Questions

Mark Cutter on behalf of Naina Patel, Founder and Executive Director, Policy Research Institute on Ageing and Ethnicity (PRIAE), UK: Care for Ageing Migrants

Audrey Bety (IOM Brussels) on behalf of Dr. Eppke Claus, Project Leader of the Active Ageing of Migrant Elders Across Europe (AAMEE) project, Ministry for Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia, Germany

9:45 - 11:00 Healthcare for Elderly Migrants
Roundtable

Chair: Charmaine Gauci
Vice-Chair: Maria-Jose Peiro
Rapporteur: Beatriz Padilha
Christian Bartolo, Head of the Social Care Unit and Social worker, Mater Dei Hospital, Social Affairs Division, Ministry for Social Policy, Malta

Lora Pullicino, Nurse, Jesuit Refugee Service (JRS), Malta

James Robinson, Equality and Health Improvement Facilitator, Lothian University Hospitals, Scotland

Nikki Abela, Group Coordinator, Health Care Access for Migrants Working Group SKOP, Malta

Gianfranco Spiteri, Medical Officer in Public Health, Infectious Disease Prevention and Control Unit (IDCU), Department of Health Promotion and Disease Prevention, Health, the Elderly and Community Care Division, Ministry for Social Policy, Malta

James Carabott, Research Analyst, Social Affairs, House of Representatives, Malta

Dubravko Bajramović, Junior Officer, Directorate of Medical Affairs, Ministry of Health and Social Welfare, Croatia

11:00 - 11:15 Coffee Break

11:15 - 13:15 Conclusions by rapporteurs and closing session

13:15 - 13:30 Concluding Remarks

Ray Busuttil, Director General, Public Health Regulation Division, Health, the Elderly and Community Care Division, Ministry for Social Policy, Malta

13:30 Lunch
Footnotes

1 Charter of Fundamental Rights of the European Union, Art. 35 on healthcare, OJ C364, 18/12/00.
2 OJ C146, 22/06/06.
3 Doc. 15487/06, 30/11/2006.
12 Good practices http://www.ggdkennisnet.nl/kennisnet/upload/db/downl_object.asp?taal=0n=44354&ref=758
17 More information on the consultation: http://www.euro.who.int/socialdeterminants/poverty/20071106_2.pdf
20 The Bratislava Declaration (Nov 2007, Council of Europe Conference) conclusions advise that “migrants’ health measures, including public health, promote the well-being of all and can facilitate the integration and participation of migrants within the host countries by promoting inclusion and understanding, contributing to social cohesion and enhanced development.” The WHO Executive Board Resolution of 25 January 2008 (EB122.RS) renews the role of health in promoting social inclusion. EU Council conclusions (15609/07) adopted during the EPSCO council of December 2007 acknowledge the special health needs of migrants and the importance of health for their integration and societies’ overall wellbeing. Specifically, they note that “health is a core aspect of migrants’ integration, favouring intercultural dialogue, social cohesion and sustainable development”, “addressing the health of migrants is fundamental to attaining the best level of health and wellbeing for everybody living in the EU”.
21 The WHO Executive Board Resolution of 25 January 2008 (EB122.RS) notes that its members states need to implement strategies to improve migrants’ health, including addressing identified service gaps and specificities of migrants. EU Council conclusions (15609/07) of December 2007 advocate for taking consideration of migrant’s diverse backgrounds.
22 The link between migration and development (health aspects being key in both directions of the link) has received major attention at international level in recent years, notably with a mention in the Millennium Development Goals and through the UN High Level Dialogue on Migration and Development (New York, September 2006). The goal behind the combined approach to migration and development is to maximize the development benefits of migration (for both sending and receiving countries) and minimize its negative impacts. In particular, in relation to health, the Council of Europe Bratislava Declaration (Nov 2007) calls for “strengthening health care systems in sending countries and providing development assistance” to tackle health on both sides of the migration process. Discussions on migration and development also include issues related to availability and training of health personnel including the brain drain debate as illustrated/voiced by the WHO Executive Board Resolution of 25 January 2008 (EB122.RS). EU Council conclusions (15609/07) of December 2007 call for work to promote the strengthening of health systems in countries of origin within cooperation programmes and the “reduction of the global deficit of health professionals”.
23 Council conclusions (15609/07) adopted during the EPSCO council of December 2007.
24 “To generate and disseminate health information and knowledge” has been recognised as a goal in the second programme of Community action in the field of health (2008-2013). The 2008 Work Plan sees also ‘Health Information and in particular the Development of a sustainable health monitoring system with mechanisms for collection of comparable data and information, with appropriate indicators, health surveys’ as a specific objective. The preparatory report for the Lisbon Conference (Report on Health and Migration in the
European Union) states that the scarcity of information and the ethical issues raised by data production are a problem for research in this area. The Bratislava Declaration (Nov 2007, Council of Europe Conference) calls for CoE member states to “update and share scientific data and information” for “concerted responses to emerging public health threats.” Then, the Declaration calls for research to enhance surveillance and to strengthen evidence-based policy programmes. The WHO Executive Board Resolution of 25 January 2008 (EB122. RS) also recognises a need for analysis of migration trends and health care best practices as well as additional information collection on migrants’ health, and its determinants, and health access. EU Council conclusions (15609/07) of December 2007 call for the analysis of information and sharing of knowledge on migrant health “so as to provide a sound basis for future coordinated work.”


26 However, the right of access to health services is often nuanced. EU Council conclusions (15609/07) adopted during the EPSCO council of December 2007 recognise the right of migrants for health protection and for access to preventive health care and medical treatment in accordance with applicable Community, international and national laws but acknowledge that “the extent to which specific groups may access health care beyond those requirements will be subject to conditions established by national laws and practices.” The Bratislava Declaration (Nov 2007, Council of Europe Conference) stipulates that states shall comply with standards set in international treaties and national laws in force. The WHO Executive Resolution of January 2008 states that member countries shall promote equitable access to health care for migrants subject to national laws and practice. However, national laws often limit access of irregular migrants to emergency health care. While persons entitled to international protection have a right to access to health care on the same basis as nationals, asylum seekers’ rights go as far as emergency care and essential treatment of illness only and migrants with special needs shall receive “necessary medical or other assistance.”

27 Council of Europe Bratislava Conference (Nov 2007) conclusions.


29 EU Council conclusions of December 2007 (15609/07) stress the relevance of cross sectoral and international and European partnerships to achieve this. The WHO Executive Board Resolution of January 2008 calls for interagency and international cooperation on migration health and the formulation of intersectoral strategies.

29 The Bratislava Declaration (Nov 2007, Council of Europe Conference) encourages governments to “take into account the cultural (including religious), social and economic diversity” of mobile populations as well as aspects of age and gender when designing health policies. The use of mediators is also quoted.

30 DG Sanco’s 2008 Work Plan looks specifically at “improving mental health” within the general goal of health promotion.

31 Council of Europe Bratislava Conference (Nov 2007) conclusions.

32 The Bratislava Declaration (Nov 2007, Council of Europe Conference) also advocates for “capacity building and awareness raising for health providers, policy makers, health management planners and health educators as well as other professions allied to health services-delivery.” It also states the need to promote migrants’ (in particular women) participation in health services planning, delivery and evaluation as well as any other related civil society initiative. The WHO Executive Board Resolution of 25 January 2008 (EB122. RS) advocates training and raising sensitivity among health service providers and professionals regarding migrant health issues. A specific objective of the EC 2008 Work Plan is also “Public health capacity building” (within Promotion of Health).

33 Complete list of the background papers within the framework of the AMAC project: European Research on Migration and Health, David Ingleby, University of Utrecht, Netherlands; Developing a Public Health Workforce to Address Migrant Health Needs in Europe, Maria Teresa Gijón Sánchez, Sandra Pirzón Pulido and Ritta Lisa Kolehmainen Aitken, Andalusian Public Health School, EASP, Jacqueline Weekers and Daniel López Acha, WHO, and Roumeyna Petrova Benedict and Maria José Peró, IOM; Migration: A Social Determinant of the Health of Migrants, Anita A. Davies, Anna Basten and Chiara Frattini, IOM; Migration and the Right to Health in Europe, Paola Pace and Sam Shapira, IOM; Health Care for Undocumented Migrants in the EU: Concepts and Cases, Ursula Kari-Trummer, Birgit Metzler, Sanja Ninkov-Zeula, Centre for Health and Migration, Danube-University Krems, Austria, Cultural Competence and Training in Mental Health Practice in Europe: Strategies to Implement Competence and Migration and Empower Practitioners, Rachel Bemegadi, Françoise Minkewskowa Centre, France; Maternal and Child Healthcare for Immigrant Populations, Machado M.C., High Commissioner for Health, Portugal, A. Fernandes, New University of Lisbon, B. Padilha, CES/ISTCTE-IUL, S. Dias, I. Gomes, New University of Lisbon, A. Dias, Ministry of Health, Portugal, M. Oliveira da Silva, New University of Lisbon, Ensuring the Right of Migrant Children to Health Care. The Response of Hospitals and Health services, Ana Isabel Fernandes Guerreo, Meyer University Children’s Hospital, Italy; Fabrizio Simanelli, Rosa Gloria Síñez López de Vergara, Alberto Armas Navarro, Sara Darias Curvo, Anna Zappulla, Anders Hijen, Lynda Stokes and P.J. Boyle (Health Promotion Programme, WHO Collaborating Centre for Health Promotion, Capacity Building in Child and Adolescent Health); Foreign-born Children in Europe: An Overview from the Health Behaviour in School-Aged Children (HBSC) Study, Michal Molcho, New University of Ireland, Galway, Thordurur Bjarnason, Francesca Cristini, Maniganda Gaspar de Mattos, Theodora Koller, Carmen Moreno, Saoirse N. Gabbani, Massimo Santinello (HBSC Study Group), Improving health care for migrant populations using practice innovations and strategic alliances to drive change: The U.S. case, Julia Puebla Fortier, Resources for Cross Cultural Health Care. 

34 The matrix includes 11 DG Sanco projects (incl. CP 2006 and 2007), 6 DG RTD (FP6 Programme) and COST action projects and 2 additional projects funded by other EU bodies. The full list of projects follows: DG Sanco Public Health Programme (incl. CP 2006 and 2007); “Monitoring the Health Status of Migrants within Europe: Development of Indicators” (led by Erasmus University), “Information Network on Good Practice in Health Care for Migrants and Minorities in Europe – MIGHEALTHNET” (led by the University of Utrecht), “Health Care in Nowherealand – Improving Services for Undocumented Migrants in the EU” (proposed by the University of Vienna), “Health and the Roma Community, Analysis of the Situation in Europe – Roma Health” (led by Fundacion Secretarario Gitanos (FSG), Spain), “European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers – TAMPEP 8” (led by TAMPEP International Foundation, Netherlands), “European Best Practices for Improving Access, Quality and Appropriateness of Migrant Health Care – EULIGATE” (managed by Queen Mary & Westminster College, University London); “Improving access to health care for asylum seekers and undocumented migrants in the EU – HUMA network” (by Medicins du Monde); “AIDS & Mobility 2007–2010” (led by the Ethno-Medical Centre, Germany); “Assisting migrants and communities: Analysis of Social Determinants of Health and Health Inequalities” (AMAC) and “Increasing Public Health Safety Alongside the New Eastern
European Border Line” (PHBLM) both under the management of IOM Brussels;
“Development of Recommendations for Integrating Socio-Cultural Standards
in Health Promoting Offers and Services” (led by the Austrian Red Cross), DG
RTD FP6 Programme and COST action: “International Migration, Integration
and Social Cohesion” (IMISCOE) project; “Integration of Female Immigrants in
Labour Market and Society Policy Assessment and Policy Recommendations”
(led by the Institute of Social Research Frankfurt/Main); “Promoting Compara-
tive Quantitative Research in the Field of Migration and Integration in Europe”
(Prominstat) (led by the International Centre for Migration Policy Develop-
ment (ICMPD); “Civil Society and New Forms of Governance in Europe – the
Making of European Citizenship Network of Excellence” (managed by Roskilde
University); the COST projects: “Health and Social Care for Migrants and Ethnic
Minorities in Europe” (HOME) (led by the University of Utrecht); “Needs for
Female Immigrants and their Integration in Aging Societies” (led by the Fed-
eral Institute for Population Research, Germany); other EC-funded projects:
“Active Ageing of Migrant Elders across Europe” (promoted by the Ministry
of Intergenerational Affairs, Family, Women and Integration of the State of
North Rhine-Westphalia, Germany); “HealthQuest – Quality in and Equality
of Access to Healthcare Services” (led by the European Health Management
Assosiation).

36 See the workshops’ agendas in Annex III, IV and V.

37 See the EU-Level Consultation agenda in Annex I and some pictures taken
during the event in Annex II. Further information as well as the powerpoint
presentations and background papers presented at the Consultation are avail-
able at www.migrant-health-europe.org.